



## 2013-2014 AFTER SCHOOL CLUB PROGRAM TORRANCE RESIDENT APPLICATION

The After School Club is for children in grades first through eighth. The program is held on school campuses Monday through Friday, after school until 6:00 p.m. Late fees will be charged beginning at 6:01 p.m.

**PROGRAM CURRICULUM:** The program goals and objectives are to provide students with a safe and nurturing environment where they can build their self-esteem by strengthening their communication, team building and socialization skills. The After School Clubs provide homework time, self-esteem building games, community service projects, field trips, communication building activities, arts and crafts, sports and snacks.

**PROGRAM LOCATIONS:** Participants must attend the same school of the program location.

### Elementary Schools

Arnold Elementary School  
Carr Elementary School  
Edison Elementary School  
Fern/Greenwood Elementary School  
Torrance Elementary School  
Victor Elementary School  
Walteria Elementary School  
Yukon Elementary School

### Middle Schools

Bert Lynn Middle School  
Casimir Middle School  
Hull Middle School  
Jefferson Middle School  
Madrona Middle School  
Magruder Middle School  
Richardson Middle School

### **PROGRAM COST AND PAYMENT POLICIES:**

<b>First Payment:</b>	\$455.00 due with application	Covers Sept. 6 – Nov. 29, 2013
<b>Second Payment:</b>	\$455.00 due Nov. 12, 2013	Covers Dec. 2, 2013 – March 14, 2014
<b>Third Payment:</b>	\$455.00 due March 4, 2014	Covers March 17 – June 19, 2014

THERE WILL BE NO REMINDER NOTICES OR EXTENSIONS FOR PAYMENTS.

**REGISTRATION: MAIL-IN/FAX-IN REGISTRATION: July 9, 2013 through July 23, 2013**  
**WALK-IN REGISTRATION: Begins August 19, 2013**

Mail in and fax in registrations will be returned if postmarked or received prior to July 9 or after July 23, 2013.

**SCHOLARSHIPS:** A limited number of scholarships are available. Scholarship applicants must have their scholarship approved at least one week prior to turning in a registration form. Scholarship applications are available at the Community Services Department Registration Office. Applicants must provide proof of residency and a copy of their current proof of income. You will be notified by mail. Scholarships are awarded once per year.

**METHOD OF PAYMENT:** Payments can be made by check, cash, money order or credit card (Visa MasterCard, American Express or Discover). Please do not mail cash. Checks and money orders should be made payable to the “City of Torrance.”

**PAYMENT SOURCE:** If payment is from two separate parties, they must both accompany the application. Applications with partial payment will not be accepted.

**CANCELLATIONS/REFUNDS/INSUFFICIENT FUNDS:**

- Cancellations must be received in writing. Refunds will be prorated. ALL refunds will be calculated on a weekly basis. Requests received once the week has begun will be prorated from the following Monday. A service fee of 20% or maximum of \$25.00 will be deducted from all refunds.
- If your payment does not clear because of insufficient funds, you will lose your space in the program. In addition to the \$25.00 returned check fee, a 20% or maximum of \$25.00 service fee will be charged if you are dropped from the program.

**REGISTRATION GUIDELINES:** Applications are accepted on a first come, first served basis according to date sent (not by time). Registration is handled at the Community Services Department Registration Office. The Registration Office will be closed on June 14 and 28, July 4, 12 and 26, August 9 and 23 and September 2, 6 and 20, 2013.

ALL applications must be accompanied by:

1. Current Proof of Residency (see below for additional information)
2. Proof of School Registration (see below for additional information)
3. Payment (faxed applications MUST include credit card information with signature).

Applications received without this information cannot be processed, even if you have previously been in the program.

Once applications are processed, receipts will be mailed after July 23, 2013. A self-addressed, stamped envelope is required. This is not required for faxed applications. If you do not receive your receipt by August 8, 2013, please call the Registration Office at (310) 618-2720.

**RESIDENT INFORMATION**

**CURRENT PROOF OF RESIDENCY:** Proof of residency will be required at the time of registration. Acceptable forms of proof are: Car registration, car insurance, California driver's license, or a recent utility bill (phone bills will not be accepted). Your address must be current and reflect the home school your child attends. (Please send photocopy as originals will not be returned.)

**NOTE:** Individuals with the zip codes 90502 and 90501 and live east of Western, are not considered Torrance residents.

**PROOF OF SCHOOL REGISTRATION:** Your child must already be registered in the school prior to registering for the program. Proof of school registration will be required at the time of registration. Acceptable forms of proof include: most recent report card, report card envelope, school ID or school acceptance letter. New 6th grade students must provide a copy of their 5th grade year end report card. Participants that have been granted Intradistrict permits will be required to provide a copy each year with their application. (Please send photocopy, as originals will not be returned.)

**NOTE:** Most schools are closed during the summer. Obtain your proof of school registration prior to the end of the school year. Your child's end of year report card or the report card envelope is an excellent form of proof if your address reflects the home school your child attends.

**WAITING LIST PROCEDURE:** Once the program has reached capacity, applicants are placed on a waiting list.

**If the program is filled during mail-in registration:**

- Applicants will receive notice by mail that they have been placed on a waiting list and what number they are on the list. Checks will be returned to you by mail. If a space opens up, the applicants will then be notified by phone in the order that they are on the waiting list. Spaces will only become available if an applicant currently enrolled in the program cancels.
- Once you are called from the waiting list, you will be given three (3) working days to register. If you do not register within three (3) working days, you will be removed from the waiting list and the next participant on the waiting list will be called. Registration fees are due at the time you register. Please be sure to notify the Registration Office if your phone number or address changes.

**If the program is filled during walk-in registration:**

- You will be notified at the time you attempt to register if the program is full. You can sign-up for a waiting list at that time. The same procedure as above will apply for getting into the program.

**EMERGENCY FORMS:** In order to complete the registration process, you must submit an Emergency Form no later than 5:00 p.m. Tuesday, September 3, 2013. Your child will not be allowed to attend the After School Club Program unless this form is received. The Emergency Form will be mailed to you along with your receipt. If your child requires medication during the program or has a severe allergy, you are required to complete the additional forms and turn them in prior to the start of the program. For additional information, please call (310) 618-2983, or visit:

[www.TorranceCA.Gov/AfterSchool](http://www.TorranceCA.Gov/AfterSchool).

Emergency Forms can be turned in the following ways:

Fax-in:	(310) 781-7598
Walk-in:	Monday through Thursday, and alternating Fridays 8:00 a.m. to 5:00 p.m.
Mail-in:	City of Torrance Community Services Department Attn: After School Programs 3031 Torrance Boulevard Torrance, CA 90503

**PARENT/GUARDIAN MEETINGS:** A mandatory parent/guardian meeting will be held on Friday, September 6, 2013. All meetings will be held in the cafeteria at your child's school, except: Bert Lynn will be held in room 27, Hull will be held in room 3, Casimir will be held in Room 2, Carr will be held in room 15, Fern/Greenwood will be held at Greenwood Park and Richardson will be held in room 3.

All parent/guardians meetings will begin at 6:00 p.m. For parents/guardians with children in both the elementary and middle schools, a second meeting will be held at the middle school at 6:30 p.m.

Please include the following when sending in your application:

- Completed application
- Proof of residency
- Proof of school registration
- Payment (If using a credit card, please include expiration date, security code and signature. If paying by check, please make checks out to "City of Torrance.")
- Self-addressed stamped envelope (not required for faxes)



City of Torrance Community Services Department  
Phone (310) 618-2720 • Fax (310) 781-7598 • www.RecreationTorranceCA.Gov  
"Creating and Enriching Community through People, Programs and Partnerships"

## TORRANCE RESIDENT AFTER SCHOOL CLUB APPLICATION 2013-2014

Mail-in/Fax-in Registration: July 9 through July 23, 2013 • Walk-in Registration: August 19, 2013

DATE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
(As of September 2013)

PARTICIPANT'S NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_  
☐ Male ☐ Female

PARENT/GUARDIAN'S NAME: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PAYEE'S NAME: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(If different from above)

### METHOD OF PAYMENT:

☐ CHECK DRIVER'S LICENSE NUMBER: \_\_\_\_\_

☐ CREDIT CARD ☐ VISA ☐ MASTERCARD ☐ American Express ☐ Discover

CREDIT CARD #: \_\_\_\_\_ Security code: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_ I authorize the use of my credit card in the amount of: \$ \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the After School Program application. I understand that the policies listed in this application will be strictly enforced.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Applications will not be processed without a signature or if information is missing as stated above.)

For Office Use Only: Receipt Number: \_\_\_\_\_ Transaction Date: \_\_\_\_\_ Start Date: \_\_\_\_\_



**City of Torrance**  
**Community Services Department**  
3031 Torrance Boulevard, Torrance, CA 90503 (310) 618-2720

*“Creating and Enriching Community through People, Programs, Partnerships”*

**REGISTRATION SOFTWARE UPDATE**

The Registration Office will be changing class registration software beginning with the Winter 2014 season. As we transition to the new software system we need to update all of our records. To avoid delays during the registration process, please complete this form and return it to the Registration Office by October 1, 2013. **All Torrance residents must attach current proof of residency, even if you are in our current database.** You may send it to us at:

E-mail: [enroll@TorranceCA.Gov](mailto:enroll@TorranceCA.Gov)

Fax: 310.781.7598

Mail or walk-in: Registration Office, 3031 Torrance Blvd., Torrance, CA 90503

Your current customer information and history will no longer be available beginning November 1, 2013, so be sure to print copies of all of the documents you may need prior to the software change. If you have any questions, please call the Registration Office 310.618.2720.

**HOUSEHOLD INFORMATION (please print legibly)**

**Complete all fields. Incomplete forms will not be processed.**

**Head of Household (first, last)**

**Secondary Head of Household (first, last)**

**Date of Birth:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Primary Phone number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Emergency Contact (name & number): \_\_\_\_\_

Email address: \_\_\_\_\_

**Dependent Family Member:**

Name: (first, last) \_\_\_\_\_ Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (circle one): Male Female

School name: \_\_\_\_\_ School Grade: \_\_\_\_\_

**Dependent Family Member:**

Name: (first, last) \_\_\_\_\_ Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (circle one): Male Female

School name: \_\_\_\_\_ School Grade: \_\_\_\_\_

**Dependent Family Member:**

Name: (first, last) \_\_\_\_\_ Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (circle one): Male Female

School name: \_\_\_\_\_ School Grade: \_\_\_\_\_

**Dependent Family Member:**

Name: (first, last) \_\_\_\_\_ Relationship: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender (circle one): Male Female

School name: \_\_\_\_\_ School Grade: \_\_\_\_\_

**Please make copies for additional family members.**